

***EXHIBIT 1-4***

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

FRANCELLA ASHBY (212) 776-3966

## B. E-MAIL CONTACT AT FILER (optional)

FRANCELLA.ASHBY@DLAPIPER.COM

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

DLA PIPER LLP (US)  
 1251 AVENUE OF THE AMERICAS  
 27TH FLOOR  
 NEW YORK, NY 10020

Delaware Department of State

U.C.C. Filing Section

Filed: 06:29 PM 01/14/2021

U.C.C. Initial Filing No: 2021 0374364

Service Request No: 20210119523

## THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 1a. ORGANIZATION'S NAME

THEIA HOLDINGS A, INC.

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 1455 PENNSYLVANIA AVENUE, SUITE 800	CITY WASHINGTON	STATE DC	POSTAL CODE 20004	COUNTRY US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

## 3a. ORGANIZATION'S NAME

AITHRE CAPITAL PARTNERS LLC

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS SEE ADDENDUM LINE 12 FOR ADDRESS	CITY MIAMI	STATE FL	POSTAL CODE 33131	COUNTRY US

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now owned or hereafter acquired or arising, wheresoever located, together with all proceeds thereof. Line 3c. Secured Party Address: c/o Bulltick Financial Advisory Services, LLC 333 SE 2nd Avenue, Ste 3950 Miami, Florida 33131

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

## 8. OPTIONAL FILER REFERENCE DATA:

FILED WITH: DE - SECRETARY OF STATE

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 NEW YORK, NY 10020

Delaware Department of State

U.C.C. Filing Section

Filed: 06:28 PM 01/14/2021

U.C.C. Initial Filing No: 2021 0374356

Service Request No: 20210119522

## THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 1a. ORGANIZATION'S NAME

THEIA GROUP INCORPORATED

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 1455 PENNSYLVANIA AVENUE, SUITE 800	CITY WASHINGTON	STATE DC	POSTAL CODE 20004	COUNTRY US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

## 3a. ORGANIZATION'S NAME

AITHE RE CAPITAL PARTNERS LLC

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS SEE ADDENDUM LINE 12 FOR ADDRESS	CITY MIAMI	STATE FL	POSTAL CODE 33131	COUNTRY US

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8. OPTIONAL FILER REFERENCE DATA:

FILED WITH: DE - SECRETARY OF STATE